PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 25 AM 8:01

DOCUMENT # N99000000624

1. Corporation Name
Harvest Family Life Center, Inc

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
7148 Waterside Drive	810 Stratford Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Florida	City & State: Tampa FL
Zip: 33610 Country: USA	Zip: 33603 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 04-3718538 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Sean R. White

500008595415
10/25/02--01073--002 **87.50

Street Address (P.O. Box Number is Not Acceptable): 810 E Stratford Ave

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33603

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: S White
REGISTERED AGENT MUST SIGN

Date: 10/24/02

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Micheal W. Lewis	810 East Stratford Ave	Tampa FL 33603
TD	Earl Knight	7148 Waterside Drive	Tampa FL 33610
SD	Janna Jackson	7148 Waterside Drive	Tampa FL 33610
RA	Sean White	810 East Stratford Ave	Tampa FL 33603

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: S White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/24/02 Daytime Phone #: 813 355-1860

11/4/02 aw